

Review of the Substance Abuse Prevention and Treatment Block Grant (SAPTBG)

Requirements for Local Management Entities (LMEs)

(Believe it or not, this is shorter than the whole Block Grant document!)

Points of Contact Meeting
August 15, 2007

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Ready, Set, Go!

Goal of the SAPTBG Requirements Review

The primary goal of this review of the requirements of the Block Grant (SAPTBG) is to summarize for the Local Management Entity (LME) Points of Contact for Substance Abuse Services the major responsibilities of their LMEs & their contracted providers in ensuring statewide compliance with the mandated provisions and limitations of this federal funding source.



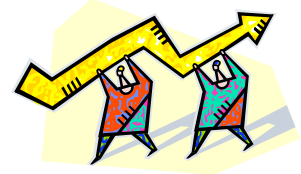
This is an important funding source:

- In SFY 06-07, SAPTBG funding to LMEs totaled \$37,037,763.
- There is a statewide *maintenance of effort** requirement for state funds of \$61,724,870.
- There is also a Women's Services *maintenance of effort* requirement for state and federal funds of \$6,404,146.

* Maintenance of Effort "A requirement contained in certain legislation, regulations, or administrative policies that a recipient must maintain a specified level of financial effort in the health area for which Federal funds will be provided in order to receive federal grant funds." (NIH)

96.134 Maintenance of Effort (MOE) Regarding State Expenditures

The state [and each LME] shall for each fiscal year maintain aggregate state [and LME] expenditures for authorized activities at a level that is not less than the average level of such expenditure maintained for the preceding two year period. [This MOE refers to the expenditure of state only appropriated funds.]



The Block Grant shall not be used to supplant state funding of alcohol & other drug prevention & treatment programs.

TUBERCULOSIS (TB)

96.121 Definition of TB Services

TB Services means:

- Counseling the individual about tuberculosis;
- Testing to determine whether the individual has been infected with mycobacteria tuberculosis to determine the appropriate form of treatment for the individual; &
- Providing for or referring the individuals infected with mycobacteria tuberculosis for appropriate medical evaluation & treatment.

96.127 (a) Requirements Regarding Tuberculosis



States [& LMEs] shall require any entity [LME or provider] receiving amounts from the grant to follow procedures that address how the program [LME or provider]:

- Will, directly or through arrangements with other public or nonprofit private entities, routinely make available tuberculosis services as defined in 96.121 to each individual receiving treatment for such abuse [of substances];
- In the case of an individual in need of such [TB] treatment who is denied admission to a program [of the LME or the provider] on the basis of the lack

of the capacity of the program [of the LME or the provider] to admit the individual, will refer the individual to another provider of tuberculosis services; &

- Will implement infection control procedures established by the state [& the LME] for substance abuse that are designed to prevent the transmission of tuberculosis, including the following [required of all LMEs & all providers delivering any substance abuse assessment, crisis, treatment, or support services to substance abuse consumers]:

- Screening [for TB] of patients [by all LMEs & all providers];
- Identification of individuals who are at high risk of becoming infected [with TB]; &
- Meeting all state [TB] reporting requirements while adhering to federal & state confidentiality requirements; &
- Will conduct case management activities to ensure that individuals receive such services [by all LMEs & all providers].

- The state [& the LME] shall develop effective strategies for monitoring programs' compliance with this section.
- States [& LMEs] shall report under the requirements of 96.122(g) on the specific strategies to be used to identify compliance problems & corrective action to be taken to address the problems.
- The state [& the LME], in cooperation with the state [& the local] Department of Health/Tuberculosis Control Officer, shall also establish linkages with other health care providers to ensure that tuberculosis services are routinely made available.
- All individuals identified with active tuberculosis shall be reported [by the LME or provider] to the appropriate State [& the local] official as required by law.

[Block Grant funds shall be the “payment of last resort” for all tuberculosis services described above.]

PREVENTION

96.121 Definition of SA (Substance Abuse) Primary Prevention Programs

Primary Prevention Programs are those directed at individuals who have not been determined to require treatment for substance abuse. Such programs are aimed at educating & counseling individuals on such abuse & providing for activities to reduce the risk of such abuse. [This means that SA primary prevention programs are not appropriate for individuals who have a diagnosis of substance abuse (SA) or dependence, or who are likely to be diagnosed with such a disorder if assessed by a qualified SA professional].



96.124 (a) & (b) Certain Allocations [Prevention Set-Aside]

The state [& LMEs & providers] are also to expend the Block Grant on primary prevention programs as follows:

- The state [& LME & provider] shall:
- Expend not less than 20% for programs for individuals who do not require treatment for substance abuse. The programs must:
 - Educate & counsel the individuals on such abuse; &
 - Provide for activities to reduce the risk of such abuse by the individuals.
- Give priority to programs [of LMEs & providers] for populations that are at risk of developing a pattern of such abuse; &

- Ensure that programs [of LMEs & providers] receiving priority shall develop community-based strategies to discourage use of alcoholic beverages & tobacco by individuals to whom it is unlawful to sell or distribute such beverages or products. [Synar & Underage Drinking]

96.125 (a) Primary Prevention

- Each state [& LME] shall develop & implement a comprehensive prevention program that includes a broad array of prevention strategies directed *at individuals not identified to be in need of treatment*.
- The comprehensive program [of the LME & the provider] shall be provided either directly or through one or more public or nonprofit private entities.
- The comprehensive primary prevention program [of the LME & the provider] shall include activities & services provided in a variety of settings for both the general population, as well as targeting sub-groups who are at high risk for substance abuse.

96.125 (b) Primary Prevention [Strategies]

In implementing these provisions, the state [& LME & provider] shall use a variety of strategies:

- Information Dissemination
- Education
- Alternatives
- Problem Identification & Referral
- Community-Based Process
- Environmental



WOMEN'S PROGRAMS

96.124 (c)(3) Certain Allocations [Women's Set-Aside]

The state [& LME & provider] is required to expend the Block Grant on women services as follows:

- MOE - The state [& LMEs] shall expend no less than an amount equal to the amount expended by the state [& LME] for fiscal year 1994 [to increase the availability of such services to pregnant women & women with dependent children].

In NC, the Women's MOE is \$6,404,146.

- The amount set aside for such services shall be expended on individuals who have no other financial means of obtaining such services. [SAPTBG funds shall be the "payment of last resort" for women services described above.]
- All programs [LMEs & providers] providing such services [to pregnant women & women with dependent children] will treat the family as a unit & therefore will admit both women & their children into treatment services, if appropriate.
- The state [& LME & provider] shall ensure that, at a minimum, treatment programs receiving funding for such services also provide or arrange for the provision of the following services to:
 - Pregnant women;
 - Women with dependent children including women who are attempting to regain custody of their children;

- Primary medical care for women, including referral for prenatal care & while the women are receiving such services, child care;
- Primary pediatric care, including immunization, for their children;
- Gender specific substance abuse treatment & other therapeutic interventions for women that may address issues of relationships, sexual & physical abuse & parenting, & child care while the women are receiving these services;
- Therapeutic intervention for children in custody of women in treatment, which may, among other things, address their developmental needs, their issues of sexual & physical abuse, & neglect; &
- Sufficient case management & transportation to ensure that women & their children have access to services above.

PROGRAMS FOR PREGNANT WOMEN

96.131 (a) Treatment Services for Pregnant Women [Preference in Treatment Admissions for Pregnant Women]



- The state [& LME & provider] is required to ensure that each pregnant woman who seeks or is referred for & would benefit from such services is given preference in admission to facilities receiving funds pursuant to the grant.
- The state [& LME] shall require all entities [LMEs & providers] that serve women & who receive such funds to provide preference to pregnant women.

Programs [LMEs & providers] that serve an injecting drug abuse population & who receive Block Grant funds shall give preference to treatment as follows:

- Pregnant injecting drug abusers;
- Pregnant substance abusers;
- Injecting drug users; &
- All others.

96.131 (b) Treatment Services for Pregnant Women [Publicity]

The state [& LME & provider] will, in carrying out this provision publicize the availability to such women of services from the facilities & the fact that pregnant women receive such preference.

- Street outreach programs
- Ongoing public service announcements (radio/television)
- Regular advertisements in local/regional print media
- Posters placed in targeted areas,
- Frequent notification of availability of such treatment distributed to the network of community based organizations, health care providers, & social services agencies.



96.131 (c) Treatment Services for Pregnant Women [Capacity Management]

The state [& LME & provider] shall require, in carrying out the above, in the event that a treatment facility has insufficient capacity to provide treatment services to any such pregnant woman who seeks the services from the facility, the facility will refer the woman to the state [& LME].

This may be accomplished by establishing:

- A capacity management program,
- Utilizing a toll-free number,
- An automated reporting system &/or

- Other mechanisms to ensure that pregnant women in need of such services are referred as appropriate.

96.131 (d) (1) Treatment Services for Pregnant Women [Referral]

The state [& LME & provider] in the case of each pregnant woman for whom a referral is made to the state [& LME & provider]:

- Will refer the woman to a treatment facility that has the capacity to provide treatment services to the woman; or

96.131 (d) (2) Treatment Services for Pregnant Women [Interim Services]

- Will, if no treatment facility has the capacity to admit the woman, make available interim services, including a referral for prenatal care, available to the woman not later than 48 hours after the woman seeks the treatment services.

Definition of Interim Services

- *Interim Services or Interim Substance Abuse Services* means services that are provided until an individual is admitted to a substance abuse treatment program.
- The purposes of the services are to reduce the adverse health effects of such abuse, promote the health of the individual, & reduce the risk of transmission of disease.
- At a minimum, interim services include counseling & education about HIV & TB, about the risks of needle-sharing, the risks of transmission to sexual partners & infants, & about steps that can be taken to ensure that HIV & TB transmission does not occur, as well as referral for HIV or TB treatment services if necessary.
- For pregnant women, interim services also include counseling on the effects of alcohol & drug use on the fetus, as well as referral for prenatal care.



INTRAVENOUS (IV) SUBSTANCE ABUSE PROGRAMS

96.126 (a) Capacity of Treatment for Intravenous (IV) Substance Abusers*

- Programs [of LMEs & providers] that receive funding that treat individuals with intravenous substance abuse, shall provide notification within seven days upon reaching 90% of its capacity to admit persons.



IPRS Target Population of ASCDR: Adult Substance Abuse Injecting Drug Users, those with Communicable Disease, and/or those Enrolled in Opioid Treatment Programs.

- The state shall establish a waiting list management program that provides systematic reporting of treatment demand.
- Any program [of the LME or the provider] receiving funding for the purpose of treating injection drug abusers shall establish a waiting list that includes a unique patient identifier for each injecting drug user seeking treatment, including those receiving interim services, while awaiting admission.
- The state shall establish a capacity management program that reasonably enables any such program to readily report to the state when it reaches 90 percent of its capacity – & which ensures the maintenance of a continually updated record of all such reports & which makes excess capacity information available to such programs [of LMEs & providers].
- Each individual who requests & is in need of treatment for IV drug abuse is to be admitted to a program not later than:
 - 1) 14 days after making request for admission;

2) 120 days after the date of such request, if no such program has the capacity to admit the individual on the date of such request & if interim services, including referral for prenatal care, are made available to the person not later than 48 hrs. after request.

- For individuals who cannot be placed in comprehensive treatment within 14 days, the program [of the LME or the provider] shall provide such individuals with interim services & ensure that the programs develop a mechanism for maintaining contact with the individual awaiting admission.
- The states [& the LMEs] shall ensure that the programs [of the LMEs & the providers] consult the capacity management system as provided above so that patients on waiting lists are admitted at the earliest possible time to a program providing such treatment within reasonable geographic area.
- The state [& LME & provider] shall ensure that all individuals who request treatment & who cannot be placed in comprehensive treatment within 14 days, are enrolled in interim services & those who remain active on a waiting list are admitted to a treatment program within 120 days.
- If a person cannot be located for admission into treatment or if a person refuses treatment, such person may be taken off the waiting list and need not be provided treatment within 120 days.

96.126 Intravenous (IV) Substance Abusers* Outreach Services

- Any entity [LME & provider] that receives funding for treatment services for intravenous drug abuse shall carry out activities to encourage individuals in need of such treatment to undergo such treatment.
- Such entities [LMEs & providers] shall use outreach models that are scientifically sound or shall use an approach which can reasonably be expected to be effective.
- Outreach efforts [by the LME & the provider] shall include the following:
 - Selecting, training & supervising outreach workers;
 - Contacting, communicating & following-up with high risk substance abusers, their associates, & neighborhood residents;
 - Promoting awareness among injecting drug users about the relationship between injecting drug abuse & communicable diseases such as HIV;
 - Recommend steps that can be taken to ensure that HIV transmission does not occur; &
 - Encouraging entry into treatment.



96.126 (f) Intravenous Substance Abusers* Program Monitoring

- The state [& the LME] shall develop effective strategies for monitoring programs for compliance with this section.
- States [& LMEs] shall report under the requirements of 96.122(g) on the specific strategies to be used to identify compliance problems & corrective action to be taken to address those problems.

HIV PROGRAMS

96.121 Definition of Early Intervention Services Relating to HIV

Early Intervention Services Related to HIV means:

- Appropriate pretest counseling for HIV & AIDS;
- Testing individuals with respect to such disease, including tests to diagnose the extent of the deficiency in the immune system, & tests to provide information on appropriate therapeutic measures for preventing & treating the deterioration of the immune system & for preventing & treating conditions arising from the disease;
- Appropriate post-test counseling; &

- Providing therapeutic measures for preventing & treating the deterioration of the immune system & for preventing & treating conditions arising from the disease.

96.128 Requirements Regarding Human Immunodeficiency Virus

Programs [LMEs & providers] receiving HIV funds shall establish linkages with a comprehensive community resource network of related health & human services organizations to ensure wide-based knowledge of the availability of these services.

Any entity [LME or provider] receiving amounts from the Block Grant for operating a substance abuse treatment program shall follow procedures developed by the principal agency of the State for substance abuse, in consultation with the State Medical Director for SAS, & in cooperation with the State Department of Health/Communicable Disease Officer.

- [Block Grant funds shall be the “payment of last resort” for HIV services described above in accordance with 96.137.]

EVERYTHING ELSE BUT THE KITCHEN SINK

96.135 (a) (1, 2, & 3) Restrictions on Expenditure of Grant

The state [& LME & provider] **shall not** expend the Block Grant on the following:

- To provide inpatient hospital care except as provided in paragraph (c) of this section;
- To make cash payments to intended recipients;
- To purchase or improve land, purchase, construct or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;
- To satisfy any requirement for the expenditure of non-Federal funds as a condition for receipt of federal funds;
- To provide financial assistance to any entity [LME or provider] other than a public or nonprofit private entity; or
- To provide individuals with hypodermic needles or syringes so that such individual may use illegal drugs.

The state shall limit expenditures on the following:

- The state will not expend more than 5 percent of the grant to pay the cost of administering the grant; &
- The state [& LME & provider] will not, in expending the grant for the purpose of providing treatment services in penal or correctional institutions of the State, expend more than an amount prescribed by section 1931(a)(3) of the PHS Act.



The Division shall not contribute any SAPTBG funds towards the annual salary of any Division employee or contractor, any LME employee or contractor or any provider employee or contractor that is in excess of the established federal Executive Salary Schedule Grade that is designated in the current SAPTBG Award Terms & Conditions.

96.135 (c) Exception Regarding Inpatient Hospital Services

With respect to compliance with this section, a state [or LME or provider] may expend a grant for inpatient hospital-based substance abuse programs only when it has been determined by a physician that:

- The primary diagnosis of the individual is substance abuse & the physician certifies the fact;
- The individual cannot be safely treated in a community-based non-hospital, residential treatment program;

- The service can reasonably be expected to improve an individual's condition or level of functioning;
- The hospital-based substance abuse program follows national standards of the substance abuse professional practice; &
- The allowable expenditure shall conform to:
 - The daily rate of payment provided to the hospital will not exceed the comparable daily rate for community-based non-hospital residential programs of treatment for substance abuse; &
 - The grant may only be expended for such services only to the extent that it is medically necessary, i.e., only for those days that a patient cannot be safely treated in a residential, community-based program.

96.137 Payment Schedule

The state shall ensure that the Block Grant money governed by this section shall be the “payment of last resort” [by the Division, LME, & provider] as follows:

- In 96.124(c) & (e) for Women Services that are expended on individuals who have no other financial means;
- In 96.127 for Tuberculosis Services; &
- In 96.128 for HIV Services.

The entities [LMEs & providers] that receive funding under the Block Grant & provide services for indigent women, tuberculosis & HIV shall make every reasonable effort, including the establishment of systems for eligibility determination, billing, & collection to collect reimbursement for the cost of providing such services to persons who are entitled to insurance benefits under:

- The Social Security Act, including programs under title XVIII & title XIX, any state compensation program, any other public assistance program for medical expenses, any grant program, any private health insurance, or any other benefit programs; &
- Secure from patients or clients payment for services in accordance with their ability to pay. [LMEs & providers]

96.132 (a) Additional Agreements [Referral Process]

With respect to individuals seeking treatment services, the state [& LME & provider] is required to improve the process in the state [in the LME & the provider] for referring the individual to treatment facilities that can provide to the individual the treatment modality that is most appropriate for the individuals.

Examples of how this may be accomplished include:

- The development & implementation of a capacity management/waiting list management system state, LMEs & providers] ;
- The utilization of a toll-free number for programs [State, LMEs & providers] to report available capacity & waiting list data; &
- The utilization of standardized assessment procedures that facilitate the referral process [state, LMEs & providers].

96.132 (c) Coordination of Prevention and Treatment with Other Services

The state [& LME & provider] shall coordinate prevention & treatment activities with the provision of other appropriate services (including health, social, correctional & criminal justice, educational, vocational rehabilitation, & employment services).

Compliance will be evaluated through consideration of such factors as the existence of memoranda of understanding between various service providers/agencies & evidence that the state [& the LME] has included prevention & treatment services coordination in its grants & contracts.

96.132 (e) Confidentiality



The state [& LME & provider] is also required to have in effect a system to protect from inappropriate disclosure patient records maintained by the state [& LME & provider] in connection with an activity funded under the program involved or by an entity [state, LME or provider] which is receiving amounts from the grant & such system shall be in compliance with all applicable state & federal laws & regulations, including 42 CFR Part 2.

This system shall include provisions for employee education [state, LME & provider] on the confidentiality requirements & the fact that disciplinary action may occur upon inappropriate disclosures.

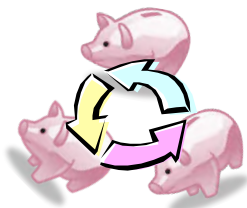
96.132 (b) Continuing Education

With respect to any facility for treatment services or prevention activities [LME or provider] that is receiving BG funds, continuing education in such services or activities shall be made available to the employees of the facility [LME or provider] who provide the services or activities.



A provision for continuing education for employees of the facility shall be included by such programs [LMEs & providers] in its [state, LMEs & providers] funding agreement.

96.129 Revolving Funds [Oxford House] Establishment of Homes in Which Recovering Substance Abusers May Reside



The state shall establish & provide for the ongoing operation of a revolving fund as follows:

- The purpose of the fund is to make loans for the costs of establishing programs for the provision of housing in which individuals recovering from alcohol & drug abuse may reside in groups of not less than six individuals;
- Each such loan is repaid by such residents through monthly installments;
- Such loans are made only to nonprofit private entities agreeing that in the operation of the program:
 - The use of alcohol or any illegal drug in the housing provided will be prohibited;
 - Any resident of the housing who violates such prohibition will be expelled from the housing;
 - The costs of the housing including fees for rent & utilities will be paid for by residents; &
 - The residents of the housing will, through a majority vote of the residents, otherwise establish policies governing residence in housing, including the manner in which applications for residence are approved.

96.136 (a) Independent Peer Review (IPR)

- Assess for quality, appropriateness, & efficacy of treatment services
- At least 5% of the entities providing services
- Programs shall be representative of the total populations of such entities

- The purpose of IPR is to review the quality & appropriateness of treatment services.
- Review will focus on treatment programs & the substance abuse system [state, LME & provider] rather than on the individual practitioners.
- The intent of the IPR process is to continuously improve the treatment services to alcohol & drug abusers within the state [state, LME & provider] system.
- “Quality” is the provision of treatment services that will meet accepted standards & practices which will improve patient/client health & safety in the context of recovery.
- “Appropriateness” means the provision of treatment services consistent with the individual’s identified clinical needs & level of functioning.
- Independent Peer Reviewers shall be individuals with expertise in the field of alcohol & drug abuse treatment.
- States will make every effort to ensure that Independent Peer Reviewers are representative of the various disciplines utilized by the program under review.
- Individual Peer Reviewers must also be knowledgeable about the modality being reviewed & its theoretical approach to addictions treatment, & must be sensitive to the cultural & environmental issues that may influence the quality of the services provided.
- The reviewers shall review a representative sample of patient/client records to determine quality & appropriateness of treatment services, while adhering to all Federal & State confidentiality requirements, including 42 CFR Part 2.



The reviewers shall examine the following:

- Admission criteria/intake process;
- Assessments;
- Treatment planning, including appropriate referral, e.g., prenatal care & tuberculosis & HIV services;
- Documentation of implementation of treatment services;
- Discharge & continuing care planning;
- Indications of treatment outcomes.

SAPTBG: The Finish Line **You made it, & ahead of the traffic!**



Thank You for Your Attention!
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